

THE MEDICAL NEWS AND LIBRARY.

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SIMPSON, LECTURES ON THE DISEASES OF WOMEN, 16 PAGES.

CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Amputation of Useless Limbs.—On the 12th of September we were present at Guy's Hospital when two useless lower limbs were removed by amputation, with the probability of ultimately permitting the patients to go about on artificial appliances. They had been cripples for years, and had undergone much inconvenience and suffering. The first of these was a female, twenty-two years of age, whose general health was extremely delicate, and whose expression indicated fatigue and anxiety. She had been admitted for deformity of the left leg, which had now become so inconvenient and troublesome that she was most anxious to get rid of it. When a child, she had an ankylosed hip-joint; the knee also became diseased, and ended in osseous ankylosis.

The whole of the cartilages were destroyed, the leg being bent at an angle backwards. No part of the leg had grown, it was considerably shorter than its fellow, and she could not put the foot to the ground. The muscles also were very much atrophied, giving an extremely emaciated appearance to the limb. Added to all these was ulceration of the foot, which had resisted all attempts at healing. The only means, therefore, that could be adopted, was removal of the limb about the centre of the thigh, so as to permit the wearing of a wooden leg. This measure was carried out, by means of lateral flaps, by Mr. Cock, the patient having been narcotized by chloroform. Very little blood was lost; but on cutting through the structures, only slight traces of muscular substance were observed, from the arrest of development consequent on disuse and disease. It is expected that she will be able

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to walk about with some comfort, when her health is sufficiently restored, and the stump healed so as to permit the wearing of the artificial leg.

The other patient, a young man, aged twenty-three years, had had a paralytic and deformed leg since he was nine months old; it hung quite useless, and dangled about like a flail. He always walked with a crutch; and the limb generally, as in the other patient, was wasted and shrivelled from disuse and arrest of development. The foot and ankle also were deformed into one of the varieties of talipes. Mr. Bryant performed amputation below the knee-joint by means of lateral skin flaps, but cutting through the muscles in a circular manner; and very little blood was lost, as in the preceding instance. The knee will form a pad to rest upon an artificial leg.—*Lancet*, Oct. 27.

A Poisoned Hand.—The effects of the absorption of some poisonous agent upon the subcutaneous and deep areolar structures of the hand were witnessed recently in an elderly woman, aged fifty-nine, at Guy's Hospital, who underwent amputation of the forearm by Mr. Cock on the 11th of September. The patient was by occupation a monthly nurse. About two months ago she was washing some soiled linen, and, as she states, poisoned her right hand; for after her work was done the member began to swell, and became generally inflamed. This continued for several days, with severe pain, and proceeded to ulceration of the cartilages of the carpus. With this state of things was associated œdema of the entire hand, wrist, and fingers, simulating to a certain extent elephantiasis. Such a hand as this was entirely useless, and it was thought best to remove it some inches above the wrist, which was done under chloroform. An examination made afterwards showed all the structures to be thoroughly disorganized. The patient is going on favourably, and will have a good stump.

As commonly observed, poisoned wounds are the result of stings of insects or the bites of serpents or rabid animals, and dissection wounds come under the same category. It is possible that the poison in the case just narrated may have been similar in its nature to the specific virus from a dead body.—*Lancet*, Oct. 27.

Air in the Pericardium.—The fact is known to pathologists, that in certain rare instances air is found in the pericardium, and it is stated by some writers that it is commonly conjoined with sero-purulent effusion. In a case of vaccination, followed by death, at St. George's Hospital, under Mr. Cæsar Hawkins' care, at the post-mortem examination there was discovered a large quantity of air in the pericardium, but no effusion of fluid. This circumstance invests the case with some amount of interest, for it shows that the secretion of the air occurred independently of the decomposition of any liquid body, which is considered ordinarily to be the cause of its presence. Sometimes, in rare examples, the presence of air has been detected in the pericardium during life, by an unusually clear resonance at the lower part of the sternum, or by a sound of fluctuation produced by the beats of the heart, or again by deep inspirations. This strongly confirms the idea, that the generation of the gas, whatever it may be, is by no means the result of post-mortem changes. It is not at all improbable, that when the pericardium has been found almost dry, this result is owing to the influence of the secreted air upon the membrane, aided very likely by a deficiency in the natural secretion of serum, which permits of the lubrication of the part in health.—*Lancet*, Oct. 27.

LECTURE.

Clinical Remarks upon a Case of Diabetes. Delivered at Charing-Cross Hospital. By W. HUGHES WILLSHIRE, M.D., of Edin., Assistant Physician to, and Lecturer upon Medicine at, the Hospital:—

GENTLEMEN: There is a female patient, named P. E—, in the Clinical Ward, to whom I am desirous of directing your attention. I have already incidentally referred to her, but as her case is one of much interest, and as she has now been some time in the hospital, and we may possibly soon lose her, I wish to enter into some details about her whilst she yet remains with us.

This patient is twenty-nine years of age, married, and has one child. She was admitted into the hospital as far back as the 12th of May. She then told us—or at least my clinical clerk, Mr. Belcher, who took the case down—that a few months after having had ague, in 1857, she began to be troubled by intense thirst, and by being

very frequently obliged to micturate. The amount of both thirst and urine had been increasing ever since. In March, 1858, she first noticed her eyesight to become affected; there was a dazzling, afterwards a kind of mist or smoke seemed to pervade everything, and the power of vision gradually went away, leaving her blind in both eyes. The catamenia had stopped eight months back, and had not reappeared. Latterly her skin had become dry, and inclined to scale off in the winter. During the previous summer, however, she sometimes perspired freely. Her appetite for the last six months had become ravenous. She had suffered from thirst ever since she had ague in 1857, but of late her desire for drink had much increased. She has long been obliged to rise several times during the night to pass urine. The bowels are usually very constive, being occasionally confined for a week together; but sometimes she is liable to a slight attack of diarrhœa. She is very emaciated, but has a rather florid colour, and seems happy and resigned in mind. She has not any cough, and does not look phthisical. She entered the hospital to have her eyesight remedied by Mr. Hancock.

Soon after her admission, my colleague kindly referred the medical department of her troubles to my clinical service. It was not a difficult matter to arrive at the nature of the sufferings of thankful and happy-minded P. E.—. You have heard that she was very hungry, very thirsty, and very thin; that her skin was dry and scurfy; her bowels confined, and that she passed a very considerable quantity of urine. We found her so weak that she was forced to lie in bed, yet hinting that she could eat a little more if more was offered to her. We smelt her breath, and noticed that it had a very marked sweet-apple or chloroform-like odour, though not such a strong one as had another diabetic patient of mine up stairs, the approach to whose bed was something like going near an unstopped bottle of chloroform. There is no exaggeration in this statement; some of the last session's students will bear me out in what I say, as they were witnesses to the fact.

Now these were general and vital signs, all pointing to the presence of sugar in the patient's urine. Well, then, we examined her urine. We found it voided in quantity between eleven and twelve pints in the day. It was of a very pale straw colour, sweet-

ishly faint in odour, clear, and having a specific gravity of fully 1040. Upon applying the tests of Trommer, Moore, and using the solution of Barreswill, we found the presence of sugar abundantly demonstrated. Some of you will recollect that we afterwards put some yeast to the urine, and so availed ourselves of the fermentation test. This test we also had recourse to again only the other day. It was clear, then, that this woman had glucosuria, and was passing a considerable amount of solid matter in the urine during the twenty-four hours. We examined her lungs, but could not detect that she had that common accompaniment of diabetes—viz., phthisis. But if she was not consumptive, she was *blind*. Mind, this is a point of great interest in this case. She was blind, I say; she had *cataract*, and cataract of both eyes. Before, however, I touch further upon this matter, let me tell you what we did for the diabetes. I ordered her a grain of quinine and a grain of opium three times in the day, an occasional warm bath, and purgatives when necessary. All vegetable matters, except coarse brown bread with the bran in it, and which is made, I may remark, purposely for us by one of our governors (Mr. Robb, in St. Martin's lane), were prohibited. A rigorous embargo was laid against sugar, but *four* meat diets, with extra milk and eggs, were allowed her to make up for these denials. Soon after this plan of treatment was put into force, the patient began to improve; she got much stronger, the quantity of urine lessened, and the gravity of it became often much lower. She ceased to rise to micturate in the night, the bowels became more manageable, and the thirst much less intense. Sufficient for me to say, she now passes (Oct. 15, 1860) four pints and a half of urine during the day, the specific gravity of it being from 1038 to 1040. This quantity, with an occasional lower degree of gravity, has been the rule for some months past. Once the quantity went down to three pints, and had a gravity of 1026, but sugar was well contained it. Then both quantity and gravity rose again, and do what I may, I cannot get it less than four pints, with a gravity of 1038, for any length of time. The only addition to her treatment up to quite recently has been, that the opium and the quinine were each increased to two grains three times in the day. Once for a few days the patient felt so well, that she could not refrain from eating some potatoes.

The urine rose in quantity and gravity, and she had a slight attack of diarrhoea. But she has undoubtedly gained flesh since she has been under the treatment I have mentioned.

Now to revert to her blindness. You hear the patient had cataract of both eyes, for the relief of which she had sought Mr. Hancock's skilful assistance. Let me now inform you that an American physiologist, Dr. S. Weir Mitchell, published in January of the present year a memoir showing that cataract could be produced in frogs by introducing sugar into their system; and his further experiments proved that a peculiar form of cataract was a pretty constant attendant upon "sugar poisoning." This paper coming under the notice of a gentleman whose genius for physiology is only equalled by his acuteness and persevering energy—namely, Dr. B. W. Richardson—served at once as a hint to him for undertaking what he has called the "synthesis of cataract." From March last up to the present time, I believe, he has been more or less occupied in its investigation. He first began by introducing syrup of cane sugar into the living system of fishes and frogs, and, as a rule, it may be said that "sugar-poisoning" and opacity of the lenses were produced. Dr. Richardson then experimented with grape-sugar and with syrup-of-milk sugar, and the like results followed. He then passed on to mannite, and the effects were the same; but in his next experiments with liquorice there was a want of agreement. A grand point now with Dr. Richardson was to be enabled to introduce true diabetic sugar into the living organism. I am glad to think that my colleague, Mr. Hancock, and myself were enabled to place our patient, Phoebe E—, at Dr. Richardson's disposal for this purpose. We had the pleasure, some of you will recollect, of seeing Dr. Richardson at this hospital during the early part of the summer. He obtained from us several pints of the patient's urine, with which, to use his own expression, he "made numerous interesting experiments;" some of these, I may add, were performed at Bedford on June 15th, before the members of the South Midland Branch of the British Medical Association. As a rule, again, symptoms of "sugar-poisoning" were produced, and the cataractous condition was "markedly brought out." Other series of experiments have also been con-

tinued by him, but for further information about this gentleman's inquiries I must refer you to his papers now publishing in Dr. Brown-Séquard's *Journal de la Physiologie* (No. 12).

Attention was now directed to the chronicles of *pathology*, to discover if they gave any support to this physiologic view of a causal connection between diabetes and cataract. The most concise *résumé* of what is to be obtained in this field you will find in the last volume of Guy's Hospital Reports (Third Series, vol. vi., p. 266), in a paper by Mr. J. F. France. He there tells us that he himself drew attention to "diabetic cataract" in January, 1859, in the Ophthalmic Hospital Reports, but that Dr. Mackenzie, of Glasgow, had alluded to it in 1854. More recently Messrs. Duncan, Wilde, Walton, Veasey, Sloane, Newman, and Barton have instanced cases bearing upon the point. These you will find specifically alluded to in Mr. France's paper. I have referred to Schauenburg's "Ophthalmiatrik" (p. 114); there I find it stated that diabetes is very often followed by soft cataract, and Unger's name is brought forward in support of the assertion. In the *Lancet* of April 28, 1860 (p. 424), there is a note to the effect that Gräfe had stated, in the *Deutsche Klinik*, that diabetes was very frequently the cause of cataract. It is right to mention, also, that Dr. Richardson admits both Dr. Mitchell and himself have been forestalled by Kunde, who some years ago travelled far in the same direction—the synthesis of cataract (*Journal de la Physiologie*, p. 450). With regard to "diabetic cataract," Mr. France generalizes thus: the cataractous condition is symmetrically developed upon both sides; the lenses increase very largely in their antero-posterior diameter; the cataracts are of soft consistence; the ocular affection comes on only after the diabetic state has existed for some time, and there has not in any case been reason to suspect further disease of the eyeball (*op. cit.*)

With regard to our patient, I may remark that Mr. Hancock first operated upon her on June 9th; and he informs me that the cataracts were double and of soft consistency, and that he did not observe that the lenses were larger in any direction than usual. He likewise says that absorption did not by any means proceed so rapidly after the operation as it usually does. The operation performed was that called "breaking up." Mr. Han-

cock again "broke up" the lenses upon October 8th, and he tells us that although the lens in either eye is not as yet absorbed, the patient is beginning to see very satisfactorily, particularly with the left eye; so that the result of the operations may be considered favourable. Soon after the last operation was performed some inflammation of the left eye occurred, followed by a slight adhesion of the iris. Mr. Hancock and myself had some talk together about suspending the quinine and opium, and giving a little mercury. Although not without some misgivings regarding the possible effects upon the diabetic condition, the last mentioned drug was had recourse to, and certainly with benefit to the visual organs. I have been very anxious about the urine, therefore, and have several times examined it. To-day we made some inquiries, you will remember, about this excretion in the wards. The specific gravity of the urine we found to be 1040; the quantity rather more than four pints; and the presence of sugar was indicated by the various tests we employed. The patient told me to-day that she felt weak, and was obliged to rise during the night to pass urine. When I inquired if she had an appetite for her four meat diets, she smiled, and said, "Oh dear, yes!" as if it was a very easy matter for her to dispose of our commissariat allowance. As I intend, with my colleague's permission and assistance, to inquire into the state of the urinary secretion of his cataractous patients at our neighbouring ophthalmic hospital, it is probable you may hear something more from me upon this matter.—*Lancet*, Oct. 27, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Glass Wound of Palm of Hand.—Dr. H. J. BIGGLOW communicated to the Suffolk District Medical Society (Oct. 27, 1860) the case of a young man who had slightly pricked the palm of his hand with a piece of glass. "There was much bleeding at the time, but the wound healed by the first intention; afterwards, the back of the hand became swollen, as if pus were forming. The hand was poulticed, and he returned in a few days, having had hemorrhage from the wound; the palm was more swollen, soft and fluctuating. Dr. B. felt that he had

to deal with a false aneurism. The patient was sent to the hospital, the palm opened, and considerable coagulum turned out, but the bleeding vessel could not be found. One or two superficial vessels were tied, and compression tried, which controlled the bleeding for three days, and then there was free hemorrhage, with oozing from the wound, for four days more, when he tied the brachial. But this did not stop the hemorrhage. On cutting deeper, he found a second brachial, which was also ligatured, which stopped pulsation in the ulnar, and yet the bleeding did not cease. On further search he found still a third artery, which he ligatured also, and thus succeeded in stopping the bleeding. In this case, the radial, ulnar and interosseous branched high up.—*Boston Med. and Surg. Journ.*, Nov. 8, 1860.

Orchitis treated by Incision into the Tunica Albuginea Testis.—Dr. A. G. WILSON reports (*American Medical Times*) three cases of orchitis successfully treated in the Brooklyn City Hospital, by Prof. Hutchinson, by incision, a method first proposed by J. L. Petit, and revived and practised by M. Vidal in more than 400 cases with success. In the three cases reported the excessive pain was once relieved. The incision through the tunica albuginea must be made with great care to avoid wounding the seminiferous tubes which might lead to the establishment of a seminal fistula.

College of Physicians and Surgeons, New York.—THOMAS M. MARKOE, M. D., has been appointed Adjunct Professor of Surgery.

Medical Department of the University of the Pacific.—We learn, from the October number of the *San Francisco Medical Press*, that the number of students during the first session of this school was *eleven*, and during the second *fifteen*. At the close of the first session two were graduated, and at the close of the second one. The regular course of lectures commence on the first Monday of November.

Professor Hodge on Diseases Peculiar to Women.—We have just received a very handsome octavo volume of over 450 pages, from the pen of Dr. Hodge, the eminent

Professor of Obstetrics and Diseases of Women and Children in the University of Pennsylvania, embodying the results of the extensive experience and mature reflections of the author on the diseases peculiar to women. It is quite sufficient to announce the publication of this work to secure for it the early and attentive consideration of the profession. It is only necessary to add that the volume is beautifully illustrated by drawings from preparations in the author's museum, with figures of the various instruments employed by him, diagrams of the various displacements of the uterus, &c.

FOREIGN INTELLIGENCE.

Ethereal Instillations into the Ear for the Cure of Deafness.—The excellent report read by M. MÉNIÈRE, Physician to the Deaf and Dumb Asylum in Paris, at a late meeting of the Academy, has completely set at rest the question of the efficacy or inefficiency of ethereal instillations into the ear for the cure of surdo-mutity. M. Ménière availed himself of the advantages afforded by his position at the Asylum, and instituted a series of experiments with a view to the solution of what, strange to say, was, and is still in many minds, an undecided question, and came to the conclusion that sulphuric ether exerts *no action whatever* upon the auditory senses of those congenitally deaf and dumb. M. Ménière might have been entitled to carry his condemnation still further, but said that, in his character of scientific experimentalist he was bound scrupulously to respect the limits he had himself imposed upon his researches.

Cause of Epilepsy.—At the last meeting of the Academy of Sciences, M. DEMAUX sent in a paper, the subject of which is most important, not only in its physiological, but also in its hygienic bearings. "From a certain number of facts which I have collected," says M. Demeaux, "I am convinced that intoxication on the part of the male at the moment of conception becomes one of the frequent causes of epilepsy in the offspring. Out of thirty-six cases of epilepsy in my practice, I have been enabled to ascertain from the confessions of the mother that in five the fecundating process had been performed whilst the father was in a state of

inebriety, and my assertions are based wholly upon the declarations of the female parents." M. Demeaux traced also to a like source two cases of congenital paraplegia and a case of idiocy. Surely such facts as these should be investigated in London, where habits of intemperance amongst the lower classes are so common, and where the conditions above dwelt upon must be frequently fulfilled.—*Lancet*, Oct. 27.

Tapeworm.—Dr. COBBOLD read before the Middlesex Hospital Medical Society, October 15, a paper on tapeworm, its prevention and treatment. The very interesting observations of recent naturalists upon the development of tapeworm, and their relationship to the cystic entozoa were pointed out, and illustrated by diagrams and specimens. The author then remarked, that to harbor parasitic beings appears to be an almost universal and normal condition of existence. He had himself dissected upwards of six hundred animals belonging to the different vertebrate classes, and had in almost every instance found some form of internal parasite, often many different species, and innumerable individuals inhabiting the same creature. Upwards of twenty species of entozoa are known to infect the human body; of these, four belong to the Tæniadæ or Tapeworm family, viz., *Tænia solium*, *T. mediocanulata*, *T. nana*, and *Bothriocephalus latius*. The means of prevention are to avoid the introduction of the creature in its undeveloped, or cystic condition into the system. In this state it has received the name of *Cysticercus Cellulose*, and exists frequently in the muscular tissue of the pig, producing what is commonly known as "measly pork," and which, if eaten in an imperfectly cooked state, will infallibly give rise to tapeworm. The treatment recommended was half a drachm of æthereal oil of male fern, mixed with an ounce of honey, half to be taken at night fasting, the other half the next morning, followed in two hours by a brisk purgative.—*Med. Times and Gaz.*, Oct. 27, 1860.

Peroxide of Hydrogen.—Dr. RICHARDSON brought before the Medical Society of London the subject of the physiological and remedial properties of the peroxide of hydrogen. This remarkable substance was discovered in 1818 by Thénard, and although it has always attracted great atten-

tion in the chemical world, has been introduced into nearly every discussion on "ozone," and was many years ago put forward by the Society of Sciences of Haarlem as the subject of a medical prize, it has been left to our countryman to lead the way to the study of the subject in its physiological and therapeutical aspects. Dr. Richardson has been employed in this research for twelve months, and his observations in relation to the nature of the body in question, its formation for therapeutical uses, and its effects on animals, are singularly interesting. For instance, he showed by experiment that the oxidizing power of the solution of peroxide is suspended by the presence of all narcotics; thus establishing the great law advanced by Snow, that narcotism is suspended oxidation, and that every substance, which on being introduced into animals produces narcotization, has the property, either by a negative influence, or by catalysis, of preventing the union of oxygen with other substances with which it is in contact, and for which it has an affinity. Again, it was shown that some animal structures, to say nothing of certain inorganic bodies, on being brought into contact with the peroxide in solution, liberate the oxygen. Fibrin has this property, and carbonic acid. A fish placed in the solution evolved the oxygen with considerable action. Physiologically, the peroxide, on addition to venous blood, gives to the blood the arterial character; it stimulates the left side of the heart to contraction, but seems to stop the action of the right side. Injected into the arteries, it restores, for a time, a condition of muscle during which contraction occurs on the application of an excitant. It also suspends cadaveric rigidity, and further, it prevents the spasms of muscle caused by such bodies as ammonia and hydrocyanic acid. Therapeutically, peroxide of hydrogen offers itself in all cases marked by deficient oxidation. In low fevers; as an antidote to various poisons; in tetanus; in diabetes, and in cancer. It is given compatibly with all the mineral acids; and the doses of a solution charged with ten volumes of the peroxide is from one increasing to four fluidrachms, in distilled water; externally, it forms a deodorizing lotion. Dr. Richardson took pains in his paper to explain the exact mode of making the solution; but we feel that the process as yet is too complicated for general introduction into the

dispensary. To bring the substance into general use, some practical pharmaceutical chemist must take it in hand. We are informed, indeed, that Bullock and Reynolds are already preparing the peroxide solution, and as several practitioners are only waiting for the proposed remedy to test its effects, we may expect soon to see its virtues fully brought out in the treatment of disease. It is just to say that the introducer of the remedy specially guarded himself from offering any extreme views; he claimed simply that a substance possessing such singular properties, physiologically, should be used rationally as a medicine in extreme cases for which we now have, virtually, no means at command. This is a fair mode of putting the matter, and if the peroxide prove essential in the cure of but one disease, the physiologists may at last rebut the charge that their science does nothing for treatment, and that in the midst of their learning they are obliged to leave remedies to the empiric and the wheel of fortune. We shall watch the result with anxiety.—*Med. Times and Gaz.*, Oct. 20, 1860.

Blindness and Lunacy.—An interesting paper was lately read at the Academy of Medicine of Paris, by Dr. Bouisson, on a curious case of blindness and lunacy in the same individual, in which the cure of the former infirmity had brought on the cure of the latter. A year ago a man aged about fifty, a native of the department of the Gard, was brought to the hospital. His eyes, upon examination, were found to be both affected with cataract, and his incoherent answers to the questions addressed to him sufficiently revealed his state of mind. An operation being resolved upon, Dr. Bouisson ordered the patient to be anesthetized; to be secured with a strait-jacket—a precaution which was continued after the operation had been performed. On the tenth day the patient, who until then had not had the slightest idea of what had been done, was allowed to see the light. A stupid smile gleamed on his face for an instant, and he exclaimed, "I can see!" These were the first coherent words he had uttered since his arrival at the hospital. He was now daily subjected to those trials which were requisite to ascertain the complete success of the operation. With his recognition of the objects around him his mental faculties seemed also gradually to revive. First, he

named the things he wanted and stretched out his hands for them; then he began to appreciate distances and dimensions correctly; his memory returned next with considerable rapidity, and in the course of a few days intellectual spontaneity began to manifest itself. He asked for more food, wanted to get up from his bed, and desired to be allowed to go home, which boon, however, was refused. His ideas soon became clearer, his speech more intelligible, and his recollections of the time when he could see, before he was attacked with cataract, became brighter. Vain endeavors, nevertheless, were made to ascertain the period when he lost his reason; all he could state was that he had been blind three years. After a stay of six weeks at the hospital he returned home an altered man, enjoying both his eyesight and intellectual faculties.—*Med. Times and Gaz.*, Oct. 27, 1860.

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Ophthalmological Aeronautism.—The latest specimen of this is the following:—

At a recent meeting of the Academy of Sciences, a communication was read by M. TAVIGNOT with reference to the application of the galvanic cautery to the removal of cataract. The electrical part of the apparatus used for the purpose is a battery known here as the "pile grenet." It is provided with a pedal for breaking or making the current, and has the additional advantage of being portable. The handles of the conductors are made so as to admit of a cataract-needle being fitted on to each; a handle is held in either hand, and the cornea punctured in two opposite points of its circumference, the needles being carried on until they meet on the surface of the anterior capsule. By the action of the pedal, the contiguous extremities of the needles are brought to a white heat; the capsule is destroyed, and by a little manipulation, the needle-points being retained in contact, the whole of the opaque lens can be broken up and placed, according to M. Tavignot, in the most favourable condition possible for absorption. One would have imagined that the very process used for breaking up the lens—namely, that of charring or calcining part of its component elements—would have left in the eye a material less capable of absorption than the uncooked crystalline substance; but it is maintained that such is not the case.

Imperial Asylum at Vincennes for Convalescent Workmen.—The *Moniteur Universel* of the 9th of July contains an interesting account of the convalescent hospital, established by the Emperor of the French, in the neighbourhood of Paris, from which we extract the following particulars:—

The Asylum of Vincennes was founded by a decree of the 8th March, 1855, for the temporary reception, during their convalescence, of workmen who had received injuries or contracted diseases. The building having been finished, and the internal arrangements completed, the inauguration of the Imperial Asylum took place on the 31st of August, 1857. It has now been in operation for nearly three years.

Nearly forty acres of forest, belonging to the domains of the Crown, were consecrated to the Asylum, which is built upon an elevated terrace, freely exposed to the air from all quarters. Since the opening of the institution, up to the end of June 1860 (comprehending a period of two years and ten months), the number of convalescents admitted has amounted to 14,000. These convalescents belong to the following categories: 1st. Convalescents sent from the hospitals of Paris and the suburbs; 2d. Convalescents sent by the local charitable institutions of the city (*Bureaux de Bienfaisance*); 3. Convalescents from injuries received in the public works; 4th. Members of societies of workmen established for their mutual assistance; 5th. Workmen belonging to establishments, the directors of which have obtained from the Minister of the Interior authorization to send, on payment of a subscription, their convalescents to the Asylum, such as the railroads, gasworks, and some large private establishments; 6th. Workmen who have been treated at their own homes, and who have received from their medical attendant a certificate of convalescence.

It is by the express orders of the Emperor that the Asylum is now open, without distinction, to every convalescent workman. There are at present 411 beds.

Two elegant vehicles are attached to the institution, and bear the imperial arms. One of these is of the same size as an ordinary omnibus, the other is somewhat smaller. Every day one or other of these vehicles, according to the number requiring removal, goes to the various hospitals to pick up the convalescents, and even goes to

the residences of those who have been treated at their own homes. The same vehicles convey the inmates back to Paris when they leave the Asylum. The first time that the large omnibus stopped in front of the Hôtel-Dieu a crowd of spectators speedily assembled; people asked one another what could be the meaning of this elegant vehicle with the imperial arms in such a locality; but when the spectators saw the poor convalescents, weakened by disease, come out of the hospital and get into the omnibus, and when it was known that they were about to be conveyed to the Imperial Asylum, they broke out into hearty applause. How, in fact, could they help being affected on seeing the paternal cares of the Emperor lavished indiscriminately on all the workmen, on all the laborious classes?

The mean term of residence in the Asylum is 22 days. Thanks to the hygienic resources of the institution, the period of convalescence from fevers is comparatively short. The principle of the Asylum is, that every convalescent shall remain in the Asylum until he is completely restored to health, or until his disease has been recognized as incurable.

Diet of the Institution.—The diet is regulated by the director, and by the superintending medical officer of the establishment. Care has been taken to fix the hours of the different meals, in conformity with the usual habits of the working classes. At half-past seven in the morning the inmates get a bowl of soup. Breakfast is at half-past ten, and consists of stewed meat and vegetables. Five o'clock is the dinner hour: this meal consists of soup, roast meat, and vegetables. Each convalescent receives daily about a pint of wine, and as much bread of the first quality as he desires. On the average, each inmate consumes daily about a pound and a half of bread. If necessary, a special dietary is prescribed in particular cases. The sum allotted for the food of each inmate is tenpence-halfpenny a day, not comprehending the general expenses of the establishment.

If the convalescents desire it, and if their strength permits, they are employed in various capacities about the establishment, under the direction of the gardener, the smith, the carpenter, etc. In this case, they receive a small sum of money and half a pint of wine in addition to the regular

allowance. Those of the inmates who do not work have various amusements provided for them, such as bowls, skittles, dominoes, etc.; cards are prohibited.

The library is open daily, and contains 4000 volumes, and illustrated newspapers. Most of the volumes have been presented by the booksellers of Paris. In general, about 50 readers may be found in the library at a time; on one occasion 96 were counted.

The conduct of all in the Asylum is exemplary. They submit without a word to the rules of the institution, are courteous to one another, take care of the furniture of the establishment and of the flowers in the garden, and keep their dormitories in a state of perfect cleanliness. Although not required, the majority of the inmates attend chapel on Sunday.

The staff of the establishment consists of a director, a treasurer, a medical superintendent, with three resident pupils; six Sisters of the Order of the Ladies of St. Augustine of Belgium; a secretary and five clerks; a storekeeper; four overseers; and at least forty persons in subordinate positions, such as cooks, grooms, gardeners, etc.

An infirmary is connected with the Asylum. During the year 1858, 1859, nearly 1100 patients, presenting various affections more or less severe, have been under treatment; during this time only 30 deaths occurred.

The anticipated expenses for the present year are between fourteen and fifteen thousand pounds.—*Ed. Med. Journ.*, Sept. 1860.

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A Colony consumed by Fever.—The news has recently reached England of the outbreak of a fierce epidemic of yellow fever on the African coast. Suddenly exploding with terrible intensity amongst a small community of Europeans, it has swept the settlement in which it appeared with the besom of desolation, destroying the whole colony. Of all the Europeans, not one had escaped the disease: only one had escaped death. The surgeons, who remained at their post, were all devoted to death. The *Army and Navy Gazette* furnishes the painful details of the ravages which this disease has thus committed at M'Carthy Island, River Gambia. Amongst the deaths which have to be deplored are those of Staff Assistant Surgeon Thomas Clayton Beale, who was attacked on the

19th of July, and died on the 21st; Staff Assistant Surgeon Trestrail, who was taken ill on the 2d of August, and expired on the 7th; Staff Assistant Surgeon Charles D. Campbell, who was seized on the 17th of August, and who sank under the effects of the scourge on the 25th. The only European remaining alive on the island up to the last accounts, which came down to the 19th September, was Captain Frazer, who had also suffered from a severe attack, but was convalescent. The remittent fever, which is usually so prevalent in the island, had been observable; but no cause can be assigned for the outbreak of the pestilence which had assumed so malignant a form.—*Lancet*, November 3, 1860.

Poverty in Relation to Disease.—Prof. EASTON read before the National Association for the Promotion of Social Science, at its recent meeting in Glasgow, a paper on this subject. He commenced by submitting as a postulate, that whatever depresses the vital force is either itself a direct cause of disease, or makes us more susceptible of disease and less able to withstand its attacks. Diseases of a special nature may arise amongst those not actually poor, but long deprived of any one essential element of food. In 1847 and 1858 many cases of scurvy were admitted into hospital amongst navvies stationed in unfrequented localities, and supplied on the ticket system with a diet (bread, ham, and coffee) which did not include "a shilling's worth of vegetables in a year." This was a matter calling for direct interference, as it admitted of direct remedy. Poverty was associated with uncleanness, and this was an unquestionable source of disease. Then with regard to want of light, of space, and of fresh air; in the poorer districts of Glasgow the average space per individual was 90.5 cubic feet; in the British Army at home it is 1000 cubic feet, and for prisoners 800 cubic feet. Hence the pestilence which constantly broods over the wynds of Glasgow. Active local feeling has been stirred; and it may be hoped that as a postulate, that whatever depresses the vigorous legislation and careful humanity will introduce a better era.—*Lancet*, Oct. 13, 1860.

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